Q	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	2 3 27
1 2	INTERSTATE CITY STREET RESULTED CASE # 13-02438	2 4
, <u>'</u>	STATE ROUTE OTHER V VEHICLE COUNTY RD PRIVATE WAY PRIVATE WAY PRIVATE WAY COUNTY RD PRIV	3
2 2	TOTAL # OF UNITS 02 OSJECT STRUCK BUILDING	1 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # DATE OF COLLISION 09 - 30 - 2013 0926 31 31 S W OF 0664	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION ITERSECTION	1 5 gn
4a	DISTANCE OF (REFERENCE OR CROSS STREET)	1 5 29
5 A	200 00 MILES N E 91ST AVE SE	
	UNIT 01 MOTOR PEDALS PHONE PHONE PHONE PROPERTY OF THE SHOLD MET YES NO NO PHONE	30
δ 1	TAST NAME DEEDE FIRST NAME OLIVER MIDDLE A	l
	STREET 1316 91ST AVE SE #45	
7	CITY LAKE STEVENS ST WA ZIP 98258	1 1 2 31
8	ODL RESTRICTIONS ENGOSEMENTS	2
9 9	DRIVER'S DEEDEOA734BS STATE WA SEX M D.O.B. O1 _ 1927	3
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 WATURE OF INJURIES	32
11 0 0	EICENSE PLATE # 219ZSD STATE WA VINH 1G2WH54T3PF293151	2
12	TRAILER STATE STATE STATE	3
13A	VEH. YEAR 1993 MAKE PONT MODEL GRAND STYLE 4T VEHICLE TOWED BY GOVT. VEHICLE. YES NO.	FROM TO 0 33
14	REGISTERED OWNER INFO. OWNED BY DRIVER VEHICLE NO. 1 SHADE IN DAMAGED AREA LIABILITY INSURANCE CO A POLICY # 9 TOP POLICY # 9 TOP	FROM TO
15 2	VEHICLE VES NO CITATION # CHARGE	.]34
16	UNIT 02 VEHICLE PEDESTRIAN PROPERTY VEHICLE CYCLE PEDESTRIAN WINEH	4 35
	LAST NAME STROH FIRST NAME KAREN MIDDLE I	36
17	STREET 1316 91ST AVE SE #40	37
18	CITY LAKE STEVENS ST WA ZIP 98258	39
19	GDL BESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S UICENSE # SEX F D.O.B. 08 _ 18 _ 195 3	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HEIMET NATURE OF INJURIES	
22	LICENSE STATE VINE	
23	TRAILER PLATE # STATE STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOYT VEHICLE TOWE NO VEHICLE TOWED BY YES NO VEHICLE NO. 2	42
	LABILITY INSURANCE CO & POLICY # INSURANCE CO & POLICY #	
25	VERICLE YES NO CITATION # CHARGE CHARGE OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY	
26	W. AUKERMAN 72 WA0311900 PAGE 01 OF 3	
	PART A 3000-345-159 R (7/06)	





REPORT NO. | **F273878**

COLLISION REPORT	1591972						
		CASE#	13-02438				
	ADDITIONAL PERSONS INVO)LVED (PASSE	NGERS AND/OR	WITNESSES ONLY)			
NAME (AST, FIRST, MIDDLE INITIAL)							
ADDRESS & PHONE #				SEX D.O.B. MMODYYYY			
PASSENGER: WITNESS UNIT #	SEAT AIRBAG	RESTR.	EJECT	HELMET INJURY USE GLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
ADDRESS & PHONE #				SEX D.O.B.			
PassengerWITNESSUNIT#	SEAT AIRBAG	RESTR	EJECT	HELMET INJURY USE GLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MICOLE INITIAL)					TO STATE OF THE ST		
ADDRESS & PHONE #				SEX D.C.B.			
PASSENGER WITHESS UNIT #	SEAT AIRBAG	RESTR,	EJECT	HELMET INJURY USE CLASS	NATURE OF INJURIES		
NARRATIVE							
On 09/30/2013 at about 0927 hours (all times approximate) I was radio dispatched to a single vehicle collision into a mobile home at 1316 91st Ave SE #40 in the city of Lake Stevens. Arriving on scene I contacted the vehicle driver of U1 (Deede DOB 1927) and the property owner of							

#40 (which was struck by U1).

Deede stated he did not know why his vehicle took off in reverse and that he was preparing to leave his home to go to Burger King for breakfast.

Based on the evidence at the scene, U1 backed out of unit #45, crossed the street and into the carport of #40 where U1 backed into the attached porch of #40. No other damage to unit #40 was obvious. The rear driver's side of U1 was damaged.

I took several digital images of the scene.

With Deede's permission I moved his vehicle from space #40 back to his residence of #45. I completed an exchange of information and provided both parties with a copy of the information and y business card.

**** AUTO-POPULATED SECTION ****

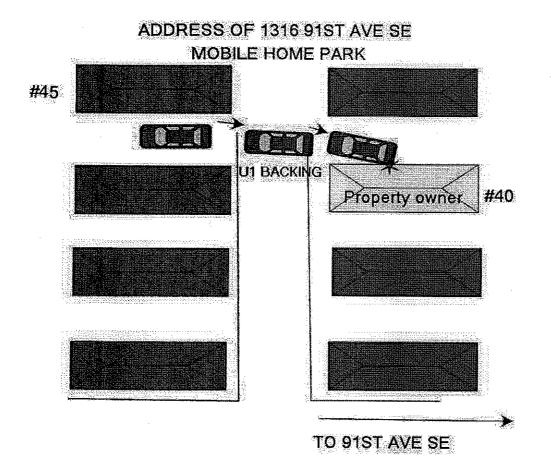
THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

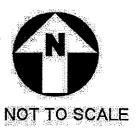
Location Character: TRAILER PARK

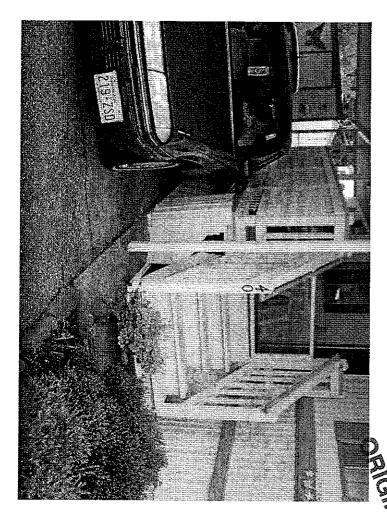
**** END OF AUTO-POPULATED SECTION ****

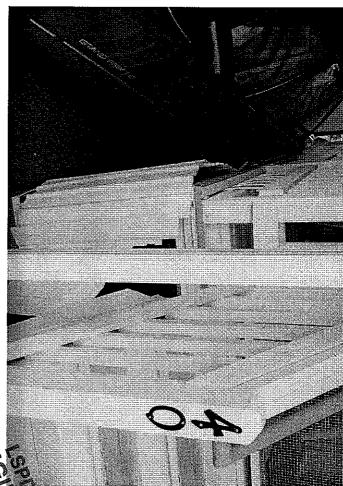
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

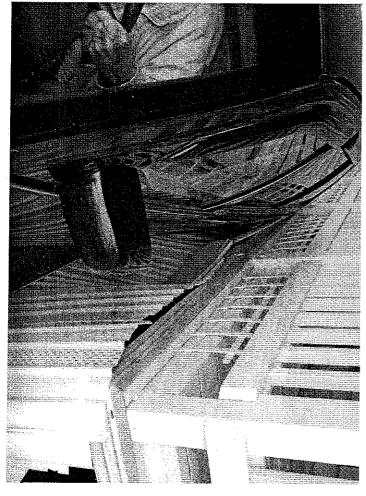
W. AUKERMAN		09-30-13 12:50 PN	A	
NVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED	
APPROVED BY			DATE	. 1000
ROBERT MINER 095			10/1/2013 3:34:59	AM
BADGE OR ID# 72	ORI# WA0311900	TIME POLICE	DISPATCHED 9:27 AM	TIME POLICE ARRIVED 9:30 AM
DADT D				

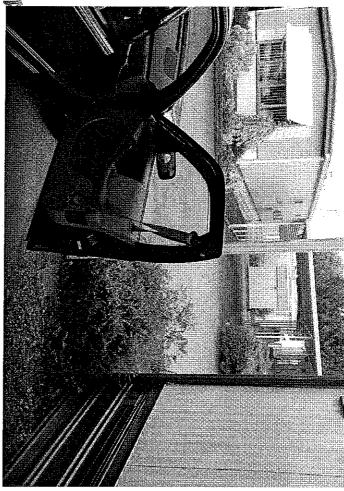




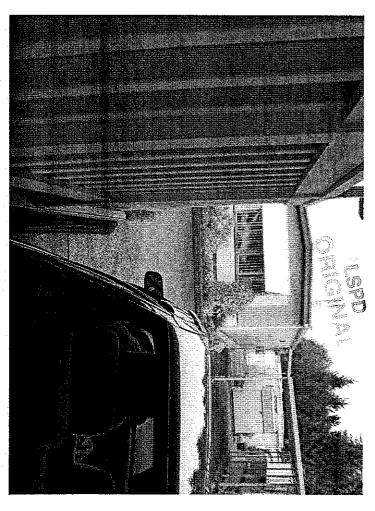




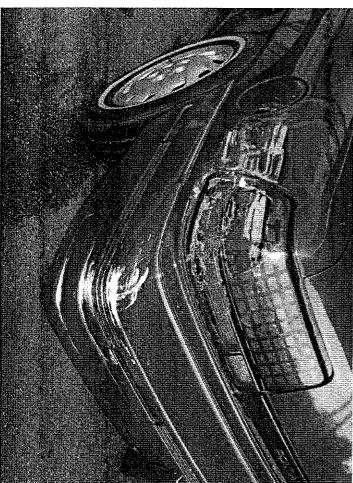


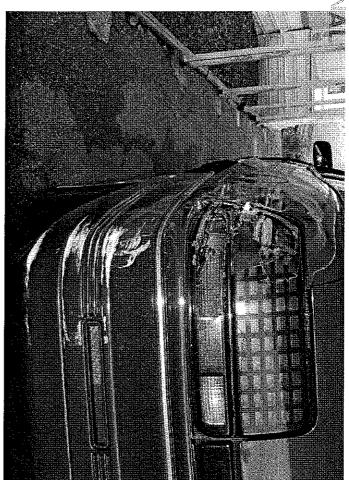


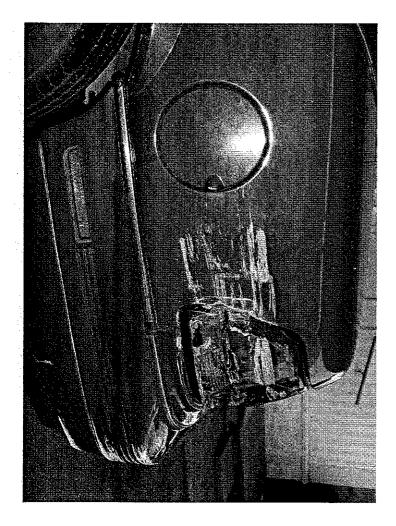


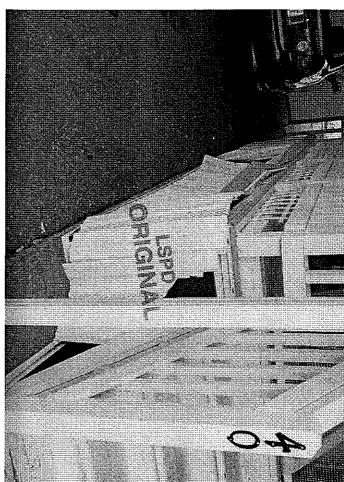


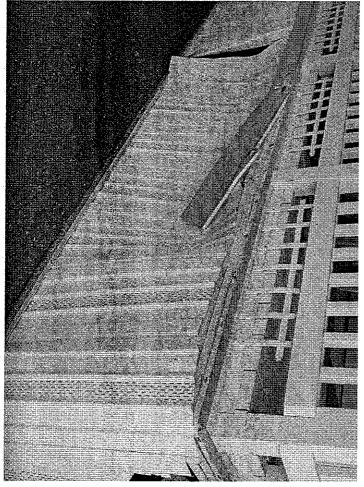


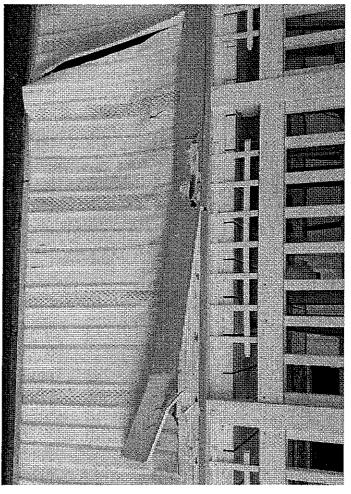


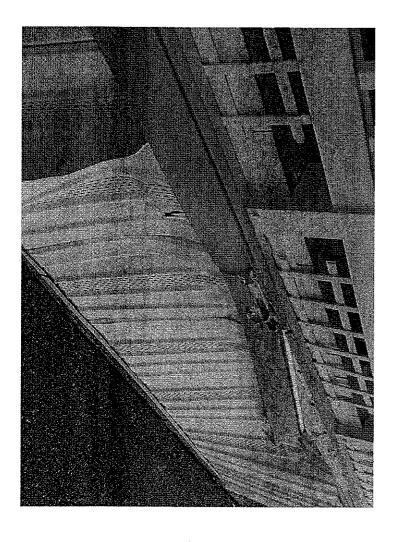












Case Numbers: \$SS13002438 Received 09/30/13 09:26:44 BY SPDF25 SP0357 Entered 09/30/13 09:27:21 BY SPDF25 SP0357 Dispatched 09/30/13 09:27:48 BY SPSC40 SP0174 Enroute 09/30/13 09:27:48 Onscene 09/30/13 09:30:32 Closed 09/30/13 09:56:42 Initial Alarm Level: Final Alarm Level: Initial Type: ACC Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT Src: 9 Loc: 1316 91 AV SE #40 ,LKS -- FRONTIER MANOR MHP btwn 12 PL SE & 15 PL SE (V) Loc Info: Name: HAGER CHERYL Addr: Phone: 4253349936 /0927 (SP0357) ENTRY ,VEH INTO PORCH, UNK INJ /0927 CROSS #AG13002839 /0927 (SP0174) DISPER SS1930 #SS72 AUKERMAN,OFFICER (WAYNE) /0928 (SP0357) SUPP TXT: RED CHEV PC, 85 YOM DRIVER, RP HAS TAKEN KE Y FROM DRIVER /0930 (SS72) *ONSCNE SS1930 /0932 (SP0243) SUPP TXT: AID CAN DISREGARD PER 1930 /0932 SUPP TXT: FR 761303 /0944 ASNCAS SS1930 \$SS13002438 /0945 (SS72) REMINQ SS1930 MDTWANT, DEEDE, OLIVER, A, 011027, ,, WA, ,, ,, ,, ,, REMINQ SS1930 MDTVEH,219ZSD,,WA,,,,,,,, /0945 /0945 *MISC SS1930 ,SAFECO INS #H1575957 REMINQ SS1930 MDTWANT, STROH, KAREN, I, 081853,,, WA,,,,,,,,,,,, /0946 /0956 (SP0243) CLEAR SS1930 D/H

Incident History for: #SS13021724 Xref: #AG13002839

CLOSE SS1930

/0956

	VENS POLIC	CE	Primary Officer/E	Primary Officer/Badge Number			Case Number			
EVIDENCE UNIT			Alleria	Auwanny +12				13-02438		
Type of Crime: Felony / Misdemeanor (Circle)			F) Type of Case: 💪	l				Date/Time:		
Action Numb			*Evidence	will be l	held until court				of Limitations has expired	
3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING *Found and Safekeeping will be held for 60 days or 60 days past owner notification										
Item#	Item Brand Name Storage L					Location	Disposition			
Action #	Brand/Model/Caliber (Further Description)									
3	Serial #	\	Where Found		Weight of Narc	otic				
Owner's Nam	ne	Address	City	Stat		Phone	#	Bar	code goes here	
Owner Signa	ture/Other rema	rks /additional info	ormation/ special ins	tructions			72			
Item #	Item		Brand Name		· · · · · · · · · · · · · · · · · · · ·			Location	Disposition	
n -4: #	Brand/Model/C	aliber	(Fürth	er Descr	iption)					
Action #	Serial #		Where Found	,	Weight of Narc	otic				
Owner's Nam	1e	Address	City	Stat	le Zip	Phone	#	Bar	code goes here	
Owner Signa	ture/Other rema	rks /additional info	ormation/ special ins	tructions					The Section of the Se	
Item #	Item		Brand Name				Storage	Location	Disposition	
Action #	Brand/Model/Caliber (Further Description)									
Action #	Serial #	\	Where Found		Weight of Narc	otic				
Owner's Nam	<u>г. </u>	Address	City	Stat	te Zip	Phone	#	Bar	code goes here	
Owner Signa	ture/Other rema	rks /additional info	ormation/ special ins	tructions			**************************************			
Item #	Item		Brand Name				Storage	Location	Disposition	
Action #	Brand/Model/Caliber (Further Description)									
	Serial # Where Found Weight of Narcotic									
Owner's Nam	ie	Address	City	Stat	e Zip	Phone	: #	Bar	code goes here	
Owner Signa	lure/Other rema	rks /additional info	ormation/ special inst	tructions						
Item #	Item	e <u> 1 99 70 1</u>	Brand Name				_	Location	Disposition	
Action #	Brand/Model/Caliber (Further Description)							Son		
, 101011 11	Serial #	V	Where Found		Weight of Narce	otic	PAI	SPD 3/NAL		
Owner's Name Address			City	Stat	e Zip	Phone	#	Bai	code goes here	
Owner Signat	ture/Other remar	rks /additional info	rmation/ special inst	tructions						
Evidence Cor	ntrol Use Only:				···					
Received by Evidence: NCIC/WACIC √ Date: CAD/RMS Checked ROUTING:						ROUTING:				
Name:	# NCIC/WACIC + Date: Owner Letter Ser			er Sent:		White: Property Room				
Date:	Time: NCIC/WACIC - Date: Owner Letter Sent:			er Sent:		Yellow: Case File				